Name in Full

Free in mans & it has Arnold.

Certificate of Death

Died at Town Petersville District No. 7 County Frederick Co MARYLAND

Date 1904 Month 2 Day 10 | Age Y. 0 M. 0 D. 13 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband of Wife

Father's Name Andrew Arnold | Mother's Maiden Name Catie Young

Cause of Death: Primary 93. | How long sick 4 days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by H. Bolton Evans M.D

Address Jefferson Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75893

Name in Full: Thomas Benton Biser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Burkittsville — County: Frederick

Date of death: Month: Feb — Day: 19 — 1904

Age — Years: 65 — Months: 6 — Days: 24

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Cabinet Maker + Painter

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Henrietta Sleafer.

Father's Name: David S. Biser

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Kern. 12

Mother's Birthplace: Md.

Name of person giving Imformation: Henrietta Biser

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary "Hypertrophic Cirrhosis" or

How long: Patient had

Immediate "Fibrous Hepatitis".

How long: Complained for 4 or 5 Mos

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. N. Schlitmeck.

Address: Burkittsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Infant of Wm. Blank

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Frederick C

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Feb — Day: 20th

Age — Years: — Months: — Days: 33 -

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas Blank — Father's Birthplace: Md

Mother's Maiden Name: Rosa Shiff - 15 — Mother's Birthplace: Md

Name of person giving In formation: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity & mo. — How long: —

Immediate: Marasmus Exhaustion — How long: 6 Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Hedges

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ethyl Lucille Boyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemptown; County: Frederick

Date of death 1904: Month: Oct; Day: 10

Age: Years: 2; Months: 2; Days: 7

Sex: Female; Color or Race: White; Birthplace: Kemptown

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: James D Boyer; Father's Birthplace: Md

Mother's Maiden Name: Ada Baker; Mother's Birthplace: Md.

Name of person giving information: Parents; How related to deceased: Parents

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis secondary to Broncho Pneumonia; How long: 4 weeks

Immediate: Exhaustion from Inanition; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Claude Foutz M.D

Address: Kemptown Md.

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Brown—

Died at Town: Sabillasville County: Frederick MARYLAND

Date 1904 Month: Feb. Day: 20 | Age Y. 0 M. 0 D. 14 | Native of Sabillasville | Occupation ——

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name Ira Ammon Brown Mother's Maiden Name Annie Bell Sprenkle

Cause of Death: Primary Atresia of the Rectum — How long sick 14 days

Immediate Obstruction — Accident, Suicide, Homicide

Reported by C. L. Wachter M. D.

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 29898

Name in Full: Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Garfield — County: Frederick

Date of death 1904 — Month: Feb. — Day: 25

Age — Years: — Months: — Days: —

Sex: Female — Color or Race: white — Birthplace: Garfield, Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Walter Brown — Father's Birthplace: Garfield, Md.

Mother's Maiden Name: Meta J. Meissner — Mother's Birthplace: do do

Name of person giving Information: Meta J. Meissner — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Woodsville Md.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Arlie Franklin Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Feb — Day: 6th

Age — Years: 7 — Months: — Days: 20

Sex: Male — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: Single — Occupation: Domestic

Name of Wife or Husband:

Father's Name: Edward Brown — Father's Birthplace: Frederick

Mother's Maiden Name: Bessie Turner — Mother's Birthplace: "

Name of person giving Information: Bessie Turner — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis — How long: 5 months

Immediate: Exhaustion — How long: Several days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W G Bowers

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Laura V. Brunner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Frogville; County: Frd Co.

Date of death 1904: Month: Feby; Day: 5th

Age: Years: 36; Months: 9; Days: 5th

Sex: Female; Color or Race: White; Birthplace: Frd Co Md

Married, Single or Widowed: Married; Occupation: Home Work

Name of Wife or Husband: E. A. Brunner

Father's Name: J. Biddinger; Father's Birthplace: County

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: Husband.; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long: 5 Mos.

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard.

Address: 17 Dreer St W.

Accident or Suicide?

LIBRARY BUREAU A6813

Name in Full: Lelia Burke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Petersville; County: Frederick

Date of death: 1904 Month: 2 Day: 28 Age: Years 14 Months Days

Sex: Female Color or Race: Colored Birthplace: Petersville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Burke Father's Birthplace:

Mother's Maiden Name: Rachel Gordon 93. Mother's Birthplace:

Name of person giving In formation: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 2 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Same Clay St.

Accident or Suicide?

LIBRARY BUREAU A99316

Name in Full: Rezin Fairfax Butts.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buckeystown; County: Frederick

Date of death 1904: Month: Feb; Day: 6; Age: Years: 68; Months: 4; Days: 23.

Sex: Male. Color or Race: White. Birthplace: W. Va.

Married, Single or Widowed: Married. Occupation: Retired.

Name of Wife or Husband: Lydia Holmes.

Father's Name: James Butts. Father's Birthplace: Never Known

Mother's Maiden Name: Lavina Ray. Mother's Birthplace: "

Name of person giving information: Frank Butts. How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Senility. How long: I Was Born

Immediate: Heart Failure. How long: Sudy for the last 6 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Schultzeck

Address: Buckeystown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Unnamed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Feby — Day: 9 — Age — Years: Still — Months: born — Days:

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Clapp — Father's Birthplace: Frederick

Mother's Maiden Name: Fannie DeGrange — Mother's Birthplace: "

Name of person giving Information: Undertaker — How related to deceased: Nat

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Death in Utero. — How long: —

Immediate: Unknown — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Buck M.D.

Address: 17. 2nd St.

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Mrs Phebe R. De Lashmutt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death: Month: 2 — Day: 21 — Year: 1904

Age: Years: 73 — Months: 5 — Days: No

Sex: Female — Color or Race: White — Birthplace: Co

Occupation: Wife — Where Residing if not at place of death: —

Married, Single or Widowed — Name or Wife or Husband: A. J. De Lashmutt

Father's Name: Phillip Reich — Father's Birthplace: Co

Mother's Maiden Name: Rebecca Ayres — Mother's Birthplace: Co

Name of person giving information: Albert S. Brown Esq — How related to deceased: Nphew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long

Immediate: Pneumonia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mulbert Buchanan Jr Md

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU Ad 310

Name in Full: Madge Etta Domer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Braggs town — County: Fredk

Date of death 190 4: Month: Feb — Day: 27

Age: Years: 1 — Months: 7 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Fredk Co

Married, Single or Widowed: single — Occupation: child

Name of Wife or Husband: —

Father's Name: Hays Domer — Father's Birthplace: Fredk Co

Mother's Maiden Name: Ada E. Marshal — Mother's Birthplace: "

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 6 weeks

Immediate: Meningitis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Morrow A. Bixler

Address: Thurmont Md.

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: Harry Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 2 — Day: 2 — Age — Years: 13 — Months: X — Days: X

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: X — Occupation: Delivery boy

Name of Wife or Husband: X

Father's Name: William H. Dorsey — Father's Birthplace: Md

Mother's Maiden Name: Lottie Brooks — Mother's Birthplace: Md

Name of person giving information: Lottie Dorsey — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis — How long: 5 weeks

Immediate: Pulmonary Oedema — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long Jud.

Address: 37 E Patrick St

Accident or Suicide?

LIBRARY BUREAU A85515

Name in Full: Jacob Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Petersville — County: Frederick

Date of death 1904: Month: Feb — Day: 6 — Age: Years: 72 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: New Market

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 wks

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml Claggett

Address: Petersville Maryland

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Infant Child of Robt H Earle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death 1904: Month: 2; Day: 17; Age: Years: ; Months: ; Days: 26

Sex: male; Color or Race: White; Birthplace: Brunswick

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Robt H Earl

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Robt H Earl

How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: Annie Beatrice Earle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Frederick

Date of death: Month: Feb — Day: 11 — Years: 37 — Months — Days

Sex: Female — Color or Race: White — Birthplace: U S A

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Robert H. Earle

Father's Name: Thomas Shinn — Father's Birthplace: Maryland

Mother's Maiden Name: Amanda Rosbee — Mother's Birthplace: U S A

Name of person giving Information: Robert H Earle — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Confinement — How long: 3 weeks

Immediate: Peritonitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Frank

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Melinda Farsht

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Wolfsville — County: Frederick

Date of death 1904 — Month: Feb — Day: 6

Age — Years: 80 — Months: 0 — Days: 4

Sex: Female — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: Housekeeper

Name of Wife or Husband:

Father's Name: Samuel Wolfe — Father's Birthplace: Md

Mother's Maiden Name: Kuhn — Mother's Birthplace: Md

Name of person giving In formation: Maria Smith — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Paralysis — How long: 2 Days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md.

Accident or Suicide? No

LIBRARY BUREAU A6851B

Name in Full: Robert Powell Faunt Le Roy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: "

Date of death: Month: 2; Day: 5; 1904

Age: Years: 46; Months: 10; Days: 9

Sex: Male

Color or Race: White

Birthplace: Va

Occupation: Retired officer in Navy

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Loretta Cain

Father's Name: Dr John Faunt Le Roy

Father's Birthplace: Va

Mother's Maiden Name: Lovinia Gunnell

Mother's Birthplace: Va

Name of person giving information: C. C. Carty

How related to deceased: undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease — How long: 3 years

Immediate: Inhaling of Illuminating Gas — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F. Goodell M.D

Address: Frederick. Md

Accident or Suicide? Suicide

LIBRARY BUREAU A66816

Name In Full — Certificate of Death

Z. James Ettinger

Died at — Town: Fredk — County: Fredk — MARYLAND

Date 1904 Month	Day	Age Y.	M.	D.	Native of	Occupation
2	25	80	4	12	Md	Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: 7

Husband / Wife of: ———

Father's Name: John Ettinger — Mother's Maiden Name: Rebecca Simmons

Cause of Death — Primary: [illegible] — How long sick: 1 week

Immediate: Stroke Hardening of the arteries — Accident, Suicide, Homicide: Not to the best of

Reported by: Dr Wm G Johnson

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Coroner

LIBRARY BUREAU, 79898

Melancholia fears standing
misdeed him thought selling
throat with knife. Merely a
skin cut nothing deeper. The
mental reaction caused a spinal
depression resulting in death
by heart failure

W C L

Name in Full: Thomas Johnson Hallen.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Indian Head — County: Indian Head

Date of death 1904 — Month: Feb — Day: 25 — Age: Years 20 — Months 4 — Days 16

Sex: Male — Color or Race: White — Birthplace: Indian Head Md

Married, Single or Widowed: Single — Occupation: Common Laborer

Name of Wife or Husband:

Father's Name: W. A. Hallen — Father's Birthplace:

Mother's Maiden Name: Anna Goodale — Mother's Birthplace:

Name of person giving information: Frank Carley — How related to deceased: Undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis — How long: Do not Know

Immediate: Capillary Bronchitis — How long: A Couple of weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Johnson

Address: Indian Head Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name In Full

Certificate of Death

Rhoda Su Harbaugh

Town

Emmitsburg

County

Frederick

MARYLAND

Died at

Date 19 04 Month Feb Day 29th | Age Y. 1 M. 3 D. | Native of U.S. | Occupation Inf.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 99

Husband of -

Wife

Father's Name Martin Harbaugh

Mother's Maiden Name Bessie Long

Cause of Death | Primary Not Well Known. | How long sick 10 days

Immediate Haemoptysis -

~~Accident, Suicide, Homicide~~

Reported by Dr. O E Stone

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: William F. Harbaugh

Certificate of Death

Died at Hi Dome (Town) Frederick (County) MARYLAND

Date 1904 Month: Feb Day: 20

Age Y. 61 M. 8 D. 10

Native of Frederick Co

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband ~~Wife~~ of Celia Harbaugh

Father's Name Jacob Harbaugh

Mother's Maiden Name Mary Harbaugh

Cause of Death: Primary Cerebral Hemorrhage

How long sick 8 days

Immediate Paralysis

~~Accident, Suicide, Homicide~~

Reported by C. L. Wachter M. D.

Address Sabillasville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Laura B. Hart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lime Kiln — County: Frederick.

Date of death: 1904 — Month: 2 — Day: 27 — Age: Years: 14 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Lime Kiln

Occupation: Maid — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Barnes (?) — Father's Birthplace: —

Mother's Maiden Name: Sarah E. Hart. — Mother's Birthplace: Ft. Co. Md.

Name of person giving In formation: Caroline Hart. — How related to deceased: Grand Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 year.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Frederick

~~Accident or Suicide?~~

Died

LIBRARY BUREAU A88616

Interment at St Joseph's
" Mear 1st
A. F. Rice St Louis.

Name in Full: Cora Blanche Hedges.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 2 — Day: 9 — Age — Years: 20 — Months: 7 — Days: 8

Sex: Female — Color or Race: White — Birthplace:

Occupation: Hosiery Hand — Where Residing if not at place of death: City.

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isaac Hedges. — Father's Birthplace: Fr. Co. Md

Mother's Maiden Name: Sophia E. Roth — Mother's Birthplace: Balto. Md.

Name of person giving Information: O. R. Hedges. — How related to deceased: Brothers

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 5 mos.

Immediate: Asthenia — How long: --

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Thudium, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Hazel Catharine Herring

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Emmitsburg County: Frederick

Date of death 1904 Month: 2 Day: 18 Age — Years — Months — Days: 18

Sex: Female Color or Race: White Birthplace: Emmitsburg

Occupation: Infant Where Residing if not at place of death: Do

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jno W. Herring Father's Birthplace: Penna

Mother's Maiden Name: Birkie Ballinger Mother's Birthplace: "

Name of person giving Imformation: M. F. Shuff How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis How long: 8 Days

Immediate: Weak Heart How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Stone

Address: Emmitsburg.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Sophia C Hesser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Graceham — County: Frederick

Date of death 1904: Month: Feb. — Day: 10 — Age: Years: 77 — Months: 9 — Days: 10

Sex: Female — Color or Race: White — Birthplace: ?

Married, Single or Widowed — Occupation:

Name of Wife or Husband: George Hesser

Father's Name: Christian Harbaugh — Father's Birthplace:

Mother's Maiden Name: 64 — Mother's Birthplace:

Name of person giving information — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 1 day

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. J. C. Bixler

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full

Certificate of Death

Mrs Sarah E. Keeney

Died at Town Near Woodsboro County Frederick MARYLAND

Date 19 04 Month Feb. Day 19, | Age Y. 41. M. 5 D. 25 | Native of U.S.A. | Occupation none.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5 Five

~~Husband~~ Wife of David Keeney Jr.

Father's Name Mathias Toph Mother's Maiden Name Christian Beard

Cause of Death: Primary Mark constitution | How long sick Two years

Immediate Consumption. | ~~Accident, Suicide, Homicide~~

Reported by R. L. Hammond

Address Woodsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: George Keller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death 1904: Month: 3rd — Day: 17 — Age: Years: 22 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Emmitsburg

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Nicholas Keller — Father's Birthplace: Md

Mother's Maiden Name: Mary Riddlemoser — Mother's Birthplace: Md

Name of person giving information: Nicholas Keller — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercolis Pulmonalis — How long: Months

Immediate — How long: Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Brunner

Address: Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Kemp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Still born — Town — County: Frederick City

Date of death: 1904 — Month: 2 — Day: 8 — Age: Years: x — Months: x — Days: x

Sex: Female — Color or Race: White — Birthplace: Frederick Md

Occupation: x — Where Residing if not at place of death: x

Married, Single or Widowed: x — Name of Wife or Husband: x

Father's Name: Rhodes Kemp — Father's Birthplace: Md

Mother's Maiden Name: Miss Lottie Ely — Mother's Birthplace: Md

Name of person giving information: Dr P. B. Smith — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Full term — How long: 9 mo. development

Immediate: Prob. dead one month — How long: 8 month old

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. P. B. Smith

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Theodore Krch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Feb'y — Day: 19th — Age — Years: 46 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Mason

Name of Wife or Husband

Father's Name: Lewis Krch — Father's Birthplace: Germany

Mother's Maiden Name: Mary Folk — Mother's Birthplace: Germany

Name of person giving information: Mr. Fred Obendorfer — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal and Pulmonar Tuberculosis — How long: 18 mos.

Immediate: Exhaustion asphyxia — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Hedges M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John R. Langell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Feb'y; Day: 26; Age: Years: 16; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Md

Married, Single or Widowed: Single; Occupation: Boot Blacker

Name of Wife or Husband:

Father's Name: John Langell; Father's Birthplace:

Mother's Maiden Name: Fannie Brown; Mother's Birthplace: Md

Name of person giving In formetion: Mannie Brown; How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis. How long: Few Wk's.

Immediate: Exhaustion How long: About 2 days

PHYSICIAN OR CORONER.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Cardman M.D.

Address: Castle Bldg Frederick

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edward Thomas McBride

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 190 4; Month: 2nd; Day: 14; Age: Years 63; Months; Days

Sex: Male; Color or Race: White; Birthplace: Emmitsburg

Married, Single or Widowed: Single; Occupation: Gentleman

Name of Wife or Husband:

Father's Name: Anthony McBride; Father's Birthplace: Md

Mother's Maiden Name: Mary E Thomas; Mother's Birthplace: Md.

Name of person giving In formation: James Gelwicks; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Anasarca; How long: Six Months

Immediate: Dropsy of the Heart; How long: Ten Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Jno. B. Brawner M.D.

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Elizabeth McWilliamson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick; County: Frederick

Date of death: Month: 2; Day: 2; 1904

Age: Years: 75 —; Months; Days

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband: Edward McWilliamson

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Sallie McKinnie

Mother's Birthplace: Va

Name of person giving Information: W. H. Eary

How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Six Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H I Hedges MD

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A30816

Name in Full: Mark —

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick —

Date of death: 1904 — Month: 2 — Day: 6 — Age: Years: — Months: — Days: 2 hours

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation: X — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno Mark — 151 — Father's Birthplace: Co

Mother's Maiden Name: Miss Mary Komb — Mother's Birthplace: Co

Name of person giving Information: John Mark — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Prudent Buchanan Jr MD

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Myersville — County: Frederick

Date of death 1906: Month: Feb — Day: 24th — Age: Years: Infant — Months: 0 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Myersville

~~Married~~, Single or ~~Widowed~~ — Occupation: None

Name of Wife or Husband: None

Father's Name: E J Myers — Father's Birthplace: Myersville

Mother's Maiden Name: Susan Myers — Mother's Birthplace: Brownsboro

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Born Dead S. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? J.E.D.

Signature of Physician: Dr Browning

Address: Myersville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Edward M. Miles.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 190: Month: 2nd; Day: 23rd; Age: Years: 61; Months: 7; Days: 29.

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Gentleman

Name of Wife or Husband: Mary Miles.

Father's Name: William Miles. 64; Father's Birthplace: Md

Mother's Maiden Name: Sally Nickle; Mother's Birthplace: Md.

Name of person giving information: Daniel Miles; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of the Brain; How long: 8 Days

Immediate: Coma; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John B Brawner M.D.

Address: Emmitsburg.

Accident or Suicide?

LIBRARY BUREAU A8a316

Name In Full

Certificate of Death

Charles Maxwell

Died at Town Frederick County Fredk MARYLAND

Date 1904 Month 2 Day 12 | Age Y. 65 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Wife

Father's Name Joseph Maxwell | Mother's Maiden Name Rebecca

Cause of Death: Primary Apoplexy | How long sick Few days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Dr Jas Crawford Thomson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

CERTIFICATE OF DEATH

MARYLAND

Name in Full: George W. Miller

Died at: Town: Frederick City; County: Frederick

Date of death 1904: Month: 2; Day: 3; Age: Years 69; Months +11; Days -21

Sex: Male; Color or Race: White; Birthplace: Co

Occupation: Tinner; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife ~~or Husband~~: Annie Miller

Father's Name: James Miller; Father's Birthplace: Annapolis

Mother's Maiden Name: Louisa Quynn; Mother's Birthplace: Co

Name of person giving In formation: Mrs G. W. Kindley; How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long: 2 years.

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Franklin Buchanan Smith

Address: Frederick City Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Indiana Monroe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: Month: Jan; Day: 13; 1904

Age: Years: 14; Months: —; Days:

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: School; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: W. C. Monroe; Father's Birthplace: Va

Mother's Maiden Name: Mary Henderson; Mother's Birthplace: Md

Name of person giving Information: W. C. Monroe; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 2 Lungs; How long: 18 Month

Immediate: Hemmorrhage from Lungs; How long: 2 Minute

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Trail

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A38618

Name in Full: Eden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 2 — Day: 3

Age — Years: [illegible] — Months: [illegible] — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: X — Occupation: X

Name of Wife or Husband: X — X

Father's Name: Melvin Eden S. — Father's Birthplace: Md

Mother's Maiden Name: Mary Rowerder — Mother's Birthplace: " "

Name of person giving information: (Father) Melvin Eden — How related to deceased: (Father)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: X

Immediate: Stillbirth — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long

Address: 37 E. Pat.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Lawrence Gilmore Polley

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Thurmont. County: Frederick.

Date of death 1904: Month Feb. Day 22 nd. Age: Years One. Months Three. Days

Sex: male. Color or Race: White. Birthplace: Thurmont Md

Married, Single or ~~Widowed~~:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Anderson Polley. Father's Birthplace: Thurmont, Md.

Mother's Maiden Name: May B. Gilbride. Mother's Birthplace: Thurmont, Md

Name of person giving information: Wm A. Polley. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria complicated. How long: 3 days.

Immediate: Broncho-Pneumonia. How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Kefauver

Address: Thurmont. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A6631G

Name in Full Ann Ramsburg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: ; County: Frederick

Date of death 1904 — Month: 2 — Day: 22 — Years: Age 41 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Lewistown Md

Occupation: House wife — Where Residing if not at place of death: "

Married, Single or ~~Widowed~~ — Name of ~~Wife or~~ Husband: Thomas C. Ramsburg

Father's Name: Danl Eyler — Father's Birthplace: Lewistown

Mother's Maiden Name: Sophia Groshon — Mother's Birthplace: "

Name of person giving In formation: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy Heart Sides — How long: 2 yrs

Immediate: Uraemic Coma — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Miller

Address: Frederick Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Schaeffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brdenck — County: Cal —

Date of death: Month: 2 — Day: 12 — 1904

Age: Years: + — Months: + — Days: 30 hrs

Sex:

Color or Race: White —

Birthplace: Brdenck Md

Occupation: None —

Where Residing if not at place of death:

~~Married~~ Single or ~~Widowed~~

Name of Wife or Husband: x

Father's Name: + Unknown

Father's Birthplace: x

Mother's Maiden Name: Mrs Fanny Schaeffer

Mother's Birthplace: Geo

Name of person giving Information: Gustie Wachter

How related to deceased: Br in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth —

How long:

Immediate: Inanition —

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Franklin Buchanan Dingle

Address: Brdenck Md

Accident or Suicide?

LIBRARY MUHEAU A66516

Name in Full: Scott Nelson D.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: 2; Day: 26

Age: Years: —; Months: —; Days: 5

Sex: Male

Color or Race: Mulatto

Birthplace: Frederick Co

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: Nelson Scott

Father's Name: Nelson Scott

Father's Birthplace: Frederick

Mother's Maiden Name: Henderson

Mother's Birthplace: Frederick

Name of person giving information: Father

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Umbilical Hemorrhage

How long: 5 Days

Immediate: Negligence

How long: 5 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. V. Fahrney

Address: Frederick Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88916

Name in Full: Sara Jane Sigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkittsville; County: Frederick

Date of death 1904: Month: 2; Day: 5

Age: Years: 27; Months: 10; Days: 5

Sex:

Color or Race:

Birthplace:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: Charles Sigler

Father's Name: Samuel Mentzer

Father's Birthplace: Md

Mother's Maiden Name: McBride

Mother's Birthplace: Md

Name of person giving Information: Samuel Mentzer

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Several yrs

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Fouts

Address: Burkittsville Md

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Ruth Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Libertytown; County: Frederick

Date of death 1904: Month: 8; Day: 26

Age: Years: 87; Months: 9; Days: 5

Sex: Female; Color or Race: Black; Birthplace: Libertytown

Married, Single or Widowed: Widow; Occupation: f

Name of ~~Wife~~ or Husband: Jerry Smith

Father's Name: James Costley; Father's Birthplace: 154

Mother's Maiden Name: Margaret f; Mother's Birthplace:

Name of person giving information: William Smith; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility; How long: Several months

Immediate: Heart failure; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ira H. Beall, M.D.

Address: Libertytown, Md.

Accident or Suicide?

LIBRARY BUREAU A6831B

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Feb. — Day: 2nd — Age: Years — Months — Days: 2 hrs.

Sex: male — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: —— — Occupation: ——

Name of Wife or Husband: ——

Father's Name: Thomas Spencer — Father's Birthplace: Frederick

Mother's Maiden Name: Emma Cordelia Washington — Mother's Birthplace:

Name of person giving Information: — How related to deceased: Mother.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Built — How long: 7 months ~~days~~

Immadiate: — How long:

Are the name, age, sex, color, date and place corractly givan above?

Signature of Physician: D.W.G. Browne.

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ira M. Star

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County:

Date of death 1904 — Month: Feb. — Day: 12th

Age — Years: — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Frederick

Married, Single or Widowed: Single — Occupation: Infant

Name of Wife or Husband:

Father's Name: James Star — Father's Birthplace: Md

Mother's Maiden Name: Jennie Munshower — Mother's Birthplace: Md

Name of person giving information: James Star — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Swallowed Safety pin accident — How long: one week

Immediate: Internal Hemorrhage — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Hedges M.D.

Address: Frederick

Accident or Sulcide?

LIBRARY BUREAU A88516

Name in Full: Isaac Steele

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Union Bridge; County: Frederick

Date of death 1904: Month: Feby; Day: 9; Age: Years: 60+; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife ~~Husband~~: Alice R Steele

Father's Name: Joseph Steele; Father's Birthplace: Liberty Md

Mother's Maiden Name: Annie M Kemp; Mother's Birthplace: " "

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Injury (Brain Effusion); How long: 30 ~~days~~

Immediate: Shock; How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. J. McCurdy

Address:

Accident or ~~Suicide~~ ?

LIBRARY BUREAU A99516

Ulrich Bromley
Feb 10 - 1904
C. C. Bromley

Name in Full: Effie Gertrude Shull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Feby; Day: 10th; Age: Years: 33; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband: X

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Pulmonary Tuberculosis — How long: 4 yrs

Immediate: Asthenia — How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. M. Cundy

Address:

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Female Infant of Laura Tidings

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Feb — Day: 24th — Age — Years — Months — Days: 12 Hours

Sex: Female — Color or Race: White — Birthplace: City

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Laura Tidings — Mother's Birthplace: Ft Co Md

Name of person giving In formetion: Mrs. Lovejoy — How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Extra Uterine asphyxia — How long

Immediete: asphyxia — How long: 15 minute

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Benjamin Trail

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Dellh (Town) Fred (County)

Date of death: 1904 (Month) Feb (Day) 17

Age: Years ~~0~~ Months 2 Days

Sex: Male

Color or Race: White

Birthplace: Dellw

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Nattie Trail

Father's Birthplace: Md

Mother's Maiden Name: Mamie Cooley

Mother's Birthplace: Md

Name of person giving Imformation: Chas Trail

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known

How long:

Immediate: Not Known

How long: about 2 hours

Are the name, age, sex, colcr. date and place correctly given above? Yes

Signature of ~~Physician~~ Undertaker: Jos W Peters

Address: Dellw Md

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: James Wilson Troyele

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Rocky Ridge (County) Frederick

Date of death 1904 (Month) February (Day) 2 (Age: Years) 72 (Months) 10 (Days) 1

Sex: Male | Color or Race: White | Birthplace: Frederick Co. Md

Occupation: Farmer | Where Residing if not at place of death: from Points Fred'k Co. Md

Married, Single or Widowed: Married | Name of Wife or Husband: Mary Elizabeth Zacharias

Father's Name: Joseph Troyele | Father's Birthplace: Fed'k Co. Md

Mother's Maiden Name: Amy Haff | Mother's Birthplace: Fred'k Co. Md

Name of person giving Imformation: Mary A. Troyele | How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Over Exertion | How long

Immediate: Heart Failure | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas D. Eichelberger

Address: Emmitsburg Fred'k Co. Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Walter Lee Van Pelt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death: Month: Feb — Day: 14 — Years: 4 — Months: 2 2 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Brunswick, Md.

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John A. Van Pelt — Father's Birthplace: Va.

Mother's Maiden Name: Hannah M. Brown — Mother's Birthplace: Md.

Name of person giving In formation: Walter Brown — How related to deceased: uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicemia with Abscess — How long: 1 week

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. P. Horine

Address: Brunswick, Md.

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Wm John Warfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hopeland; County: Md

Date of death: Month: Oct; Day: 9; 1904; Age: Years: 60; Months; Days

Sex: male; Color or Race: Colored; Birthplace: Md

Occupation: Farmer; Where Residing if not at place of death

Married, Single, Widowed; Name of Wife or Husband: Lydda V. Warfield

Father's Name: Wm Warfield; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: Daughter; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long

Immediate: Stomach trouble; How long: Three Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas W Pelen Undertr.

Address: Dr Keeran

R F D Route #22 Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Frank J Warner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Thurmont — County: Frederick

Date of death 1904: Month: 2 — Day: 18

Age: Years: — Months: 2 — Days: 24

Sex: male — Color or Race: white — Birthplace: md

Married, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: Harry Warner — Father's Birthplace: md

Mother's Maiden Name: Helen Stouffer — Mother's Birthplace: "

Name of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Suffocation ? 172 — How long: 7 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Morris A Biehl

Address: Thurmont Md.

Accident or Suicide? ?

LIBRARY BUREAU A66516

Name in Full: James. Webb.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frankville. County: Frederick.

Date of death 1904: Month: Feb. Day: ~~26~~ 29. Age: Years: 51. Months: 7. Days: 25.

Sex: Male. Color or Race: White. Birthplace: Frederick Co.

Married, ~~Single or Widowed~~: Occupation: Laborer.

Name of Wife ~~or Husband~~: Rosa Ann Baker.

Father's Name: Wm Webb. Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Rosa Webb. How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease (3rd). How long: 2 Years

Immediate: Exhaustion. How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. L. Creager. F. D.

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full Hannah E. Helsley — Certificate of Death

Died at Town Mt Pleasant County Frederick MARYLAND

Date 1904 Month Feb Day 27 | Age Y. 69 M. 3 D. 18 | Native of Md | Occupation Housewife

~~Male~~ Female | White | Married | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 8

Husband Wife of William E. Helsley

Father's Name ——— Boston | Mother's Name ~~Unknown~~

Cause of Death: Primary Aortic Stenosis — How long sick 2 years

Immediate Apoplexy — ~~Accident, Suicide, Homicide~~

Reported by Dr. D. Klein M. D.

Address Libertytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Catharine Whitney

Died at Town Brunswick County Frederick MARYLAND

Date 189 1904 Month 2 Day 28 Age Y. 1 M. 3 D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name John F Whitney

Mother's Name Phoebia Allen Whitney

Cause of Death: Primary La Grippe

Immediate Pneumonia

How long sick One week

Accident, Suicide, Homicide

Reported by E. S. Ruther

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Daniel Wolfe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Wolfsville; County: Frederick

Date of death 1904: Month: Feb.; Day: 6; Age: Years: 71; Months: ; Days:

Sex: male; Color or Race: White; Birthplace: near Wolfsville

Married, Single or Widowed: Widowed; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Samuel Wolfe; Father's Birthplace: Md

Mother's Maiden Name: Kuhn; Mother's Birthplace: Md

Name of person giving Information: Walter Wolfe; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Complication of Diseases; How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Madaline Modson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 2 — Day: 3

Age — Years: 1 — Months: 7 — Days: X

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: X — Occupation: X

Name of Wife or Husband: X

Father's Name: Hugh Modson — Father's Birthplace: Va

Mother's Maiden Name: Annie Hunt — Mother's Birthplace: Va

Name of person giving information: Hugh Modson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Pneumonia — How long: 10 days

Immediate: Ex Louisine — How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long

Address: City

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Name in Full: Henry Wade Jonkins.

Died at (Town): Burkittsville — (County): Frederick

Date of death 1904 — Month: Feb. — Day: 10

Age — Years: — Months: 8 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas H. Jonkins — Father's Birthplace: Md

Mother's Maiden Name: Lulu Moss. — Mother's Birthplace: Md.

Name of person giving information: Chas H Jonkins — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles. — How long: About

Immediate: Broncho-Pneumonia. — How long: One week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. N. Schiltneck

Address: Burkittsville. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edgar Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Montevue Hospital — County: Frederick

Date of death 1904: Month: Feb — Day: 21 — Age: Years: 23 — Months — Days

Sex: Male — Color or Race: black — Birthplace: 1

Married, Single or Widowed: X — Occupation:

Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: +

Mother's Maiden Name: X — Mother's Birthplace: +

Name of person giving information: Miss Shook Frum — How related to deceased: +

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart-Valvular — How long:

Immediate: Paralysis Heart, (Tricuped, — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Maynard

Address: 17 Second St. W. Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Miss Hannah Ziegler.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Utica — County: Frederick

Date of death 1904 — Month: Feby — Day: 4 — Age: Years 80 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Single — Occupation: Housekeeper.

Name of Wife or Husband: —

Father's Name: Michael Zigler — Father's Birthplace: Germany

Mother's Maiden Name: Joanna — Mother's Birthplace: "

Name of person giving information: Charles Ziegler — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Old Age — How long: Ans Years

Immediate: Exhaustion — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. McComas

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Funeral Feb 6 – 1904

Mt Olivet Cemetery

Frederick Md